Guidelines for Independent Practice as of 12/8/2020

This is a combination of all the information and updates to applying for Independent Practice. This is not a final list as the Board of Nursing is still going through the rulemaking process.

The application for Independent Practice became available on Monday, October 19, 2020. The application can be found on the MQA online system under “Manage My License” or here under “Nursing Applications.”

An NP or CNM seeking to be licensed for IP must meet the following qualifications:

1. Complete the application with the Financial Responsibility document, form DH-MQA 5050 (07/2020)
2. Complete 3,000 hours of clinical practice hours (which means 3,000 hours working under a “supervisory protocol”), which may include clinical instructional hours, within the 5 years immediately preceding the application request (this will be an attestation, Yes/No question)
3. Answer: Have you had any disciplinary action in the past 5 years? (this will be an attestation, Yes/No question)
4. Completion of 3 graduate-level semester hours, or the equivalent of 45 CE hours, in differential diagnosis within the 5 years immediately preceding the application request. The differential diagnosis course content must address advanced health assessment, differential diagnosis, critical thinking, or diagnostic reasoning.
5. Completion of 3 graduate-level semester hours, or the equivalent of 45 CE hours, in pharmacology within the 5 years immediately preceding the application request. The pharmacology course content must address the therapeutic uses and biological effects of drugs.
6. Must obtain and maintain professional liability coverage (malpractice insurance) in the amount of at least 100k per claim / 300k aggregate or obtain and maintain an irrevocable letter of credit in the amount of at least 100k per claim / 300k aggregate.
7. CNMs must have a written patient transfer agreement with a hospital and a written referral agreement with a physician to engage in nurse midwifery.
8. Nurse Practitioners who are issued a license to practice independently must engage only in primary practice, including family medicine, general pediatrics, and general internal medicine, as defined by board rule. The definition for Primary practice is, “Includes physical and mental health promotion, assessment, evaluation, disease prevention, health maintenance, counselling, patient education, diagnosis and treatment of acute and chronic illnesses, inclusive of behavioral and mental health conditions.” (Primary Care definition passed by the BON on 12/4/2020)
Additional Proposed/Passed Language:

- “Advanced practice registered nurses who are registered pursuant to Section 464.0123, F.S., shall engage in autonomous practice only in a manner that meets the General Standard of Practice. The General Standard of Practice shall be that standard of practice, care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similarly situated health care providers.” (Passed by BON 12/4/2020)

If an APRN desires to continue practicing under a collaborative/supervisory protocol, nothing changes from previous standards. No additional restrictions exist for those APRNs providing care with a protocol in place.

Once the APRN license of independent practice is successfully issued, the NP is granted signature authority which includes the Baker Act involuntary examination, signing death certificates, admitting/discharging patients from a facility and “provide a signature, certification, stamp, verification, affidavit, or endorsement that is otherwise required by law to be provided by a physician (except for medical cannabis). This is known as signature authority.

At renewal, Independent NPs will need to complete an additional 10 CE hours AND submit an updated Financial Responsibility document.